

TRANSMITTAL FORM

<p>I hereby certify that this correspondence is being transmitted to the United States Patent & Trademark Office via electronic filing (EFS) on the date shown at the bottom of this form:</p> <p>Signature: <u>/ Debbie Allen /</u> Printed Name: Debbie Allen</p>	First Named Inventor: Mohamed Y. Soliman		Docket Number: 2003-IP-011150U1		
	Application Number: 10/728,295		Art Unit: 2128	Conf. Number: 7913	
	Filing Date: December 4, 2003		Examiner: Kibrom Gebresilassie		
	Title: Methods for Geomechanical Fracture Modeling				
ENCLOSURES (Check all that apply)					
<input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit / Declaration <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment <input type="checkbox"/> Information Disclosure Stmt. <input type="checkbox"/> Certified Priority Documents <input type="checkbox"/> Reply to Missing Parts		<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, No. of CD's <input type="text" value="0"/> <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to Technology Center <input type="checkbox"/> Appeal Communication <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (identified below): Supplemental Amendment After Request for Continued Examination	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
I am the <input type="checkbox"/> applicant / inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed <input checked="" type="checkbox"/> attorney or agent of record or acting under 37 CFR 1.34.		Signature /Iona N. Kaiser/ Printed Name Iona N. Kaiser Telephone Number 713-653-1724 Date February 7, 2011			
Registration Number: <u>53,086</u>					